



Survey of Tobacco Users In Kittitas County

The purpose of this survey is to better understand the cessation needs of tobacco users in our county who want to quit smoking. This survey is being given to 100 tobacco users in Kittitas County. Your responses are confidential- no one will see your individual answers. Please do NOT write your name on this survey.

The first questions are about you. Remember that your answers are confidential.

1. What is your age? _____
2. Are you:
☐ Female
☐ Male
3. In school what is the highest grade you ever completed?
☐ Less than high school
☐ High school graduate (including GED)
☐ Some college
☐ College graduate
4. Which of the following best represents your total annual household income before taxes? (please mark only one response)
☐ Less than \$15,000
☐ \$15,000-\$25,000
☐ \$25,000-\$50,000
☐ \$Over 50,000
5. Where do you live?

<input type="checkbox"/> Cle Elum	<input type="checkbox"/> Roslyn
<input type="checkbox"/> Easton	<input type="checkbox"/> Thorp
<input type="checkbox"/> Ellensburg	<input type="checkbox"/> Vantage
<input type="checkbox"/> Kittitas	<input type="checkbox"/> Other _____
<input type="checkbox"/> Ronald	
6. Where do you work?

<input type="checkbox"/> Cle Elum	<input type="checkbox"/> Roslyn
<input type="checkbox"/> Easton	<input type="checkbox"/> Thorp
<input type="checkbox"/> Ellensburg	<input type="checkbox"/> Vantage
<input type="checkbox"/> Kittitas	<input type="checkbox"/> I don't currently work
<input type="checkbox"/> Ronald	<input type="checkbox"/> Other _____

The next questions ask about your personal use of tobacco, your interest in quitting, and opinions about tobacco use.

7. How old were you when you first smoked cigarettes regularly?
☐ I have never smoked cigarettes regularly
_____ years old
↓
Do you currently smoke cigarettes?
☐ Every day
☐ Some days
☐ Not at all
8. How old were you when you first used chewing tobacco regularly?
☐ I have never used chewing tobacco regularly
_____ years old
↓
Do you currently use chewing tobacco?
☐ Every day
☐ Some days
☐ Not at all

9. Have you ever seriously tried to quit using tobacco?

- ☐ yes
☐ no

9a. if yes, how many time in the last five years?

- ☐ 5 or less
☐ 6 to 10 times
☐ more than 10 times

9b. What is the longest time period you stayed quit? _____

9c. What quitting method(s) have you tried (mark all that apply):

- ☐ Cold Turkey
☐ Tapering down
☐ Nicotine Replacement Therapy (patches, gum)
☐ Antidepressant (like Zyban, Wellbutrin)
☐ Other _____

9d. If you have used Nicotine Replacement Therapy (NRT) before would you use it again:

- ☐ yes
☐ no

9e. if no why:

- ☐ adverse reaction
☐ didn't help
☐ cost

10. Would you be more likely to participate in a cessation program if you could get free Nicotine Replacement Therapy (NRT), such as patches and gum?

- ☐ yes
☐ no

11. Do you smoke inside your house?

- ☐ yes
☐ no
☐ I don't smoke

12. Do you smoke in your vehicle?

- ☐ yes
☐ no
☐ I don't smoke

13. Can you smoke/ chew indoors at the place where you work?

- ☐ yes, anywhere
☐ yes, only in designated areas
☐ no
☐ I do not work outside the home

14. Do children under the age of 18 live in your household?

- ☐ yes
☐ no

15. What best describes your current feelings about using tobacco?

- ☐ I'm never quitting
☐ I should consider quitting someday
☐ I think I should quit but I'm not quite ready
☐ I'm starting to think about how to quit
☐ I'm taking action to quit

16. What are the biggest concerns you have about using tobacco? (check your top 2)

- ☐ Health risk (cancer, heart disease, high BP, etc.)
☐ Social Stigma (what others think of me as a smoker, or chew user)
☐ Cosmetic (premature aging, yellowed teeth)
☐ Dental problems
☐ Negative Role Modeling (i.e., being a smoker but telling my children not to smoke)
☐ Cost (money)
☐ The amount of time smoking/chewing tobacco takes up a daily basis
☐ Other _____
☐ No concerns

The next questions ask for your opinion about programs or other support to help people quit using tobacco.

17. Have you ever participated in a program, or other kind of help, to help you quit using tobacco?

☐ yes

☐ no

if no, why (check all that apply):

☐ Won't do me any good

☐ Too busy

☐ Don't know of any services

☐ Cost

☐ Location of services

☐ Time of services

☐ Just not my thing

if yes (check all that apply):

☐ Community classes

☐ Internet

☐ Phone intervention

☐ Help from healthcare provider

☐ Other _____

18. Have you heard of the "Washington Tobacco Quit Line"?

☐ yes

☐ no

☐ not sure

18a. If yes, how did you hear about it?

☐ TV

☐ Radio

☐ Healthcare provider

☐ Billboard

☐ Friend or family

☐ other _____

18b. Have you ever called the State Tobacco Quit Line?

☐ yes

☐ no

Suppose you are going to make a serious attempt to quit using tobacco. Using a 1 to 4 scale, please rate the likelihood of you using the following services.

1= I would definitely **NOT** use
2= I would probably **NOT** use
3= I would probably use
4= I would definitely use

19. Phone counseling 1 2 3 4

20. Ongoing Support group 1 2 3 4

21. Individual counseling 1 2 3 4

22. Three to five session classes 1 2 3 4

23. If you were to attend a class or support group what would be the best time of day for you? (check all that apply)

☐ early morning

☐ mid morning

☐ lunch time

☐ early evening

☐ late evening

☐ I would not be likely to attend a class or support group

24. Would you participate in a cessation program held at your workplace?

- ☐ yes
- ☐ no
- ☐ I don't work outside the home

25. If you were to seek help for quitting tobacco, what would the top 2 things you would need or want?

26. Does your health insurance cover Nicotine Replacement Therapy (NRT) (i.e, patches, gum)?

- ☐ yes
- ☐ no
- ☐ don't know
- ☐ I don't have health insurance

27. Does your physician know you smoke or use chewing tobacco?

- ☐ yes
- ☐ no
- ☐ I don't have a physician
- ☐ don't know



27a. Has your physician ever discussed with you the importance of quitting tobacco?

- ☐ yes
- ☐ no

27b. Did your physician talk with you about your tobacco use at your last office visit?

- ☐ yes
- ☐ no

28. Does your dentist know you smoke or use chewing tobacco?

- ☐ yes
- ☐ no
- ☐ I don't have a physician
- ☐ don't know



28a. Has your dentist ever discussed with you the importance of quitting tobacco?

- ☐ yes
- ☐ no

28b. Did your dentist talk with you about your tobacco use at your last office visit?

- ☐ yes
- ☐ no

Thank You.